

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582249

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2	1						52	
3		1					53	
4	1						54	
5		1					55	
6		1					56	
7	1						57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30	1						80	
31	1						81	
32	1						82	
33	1						83	
34	1						84	
35	1						85	
36	1						86	
37	1						87	
38	1						88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5							
TOTAL DEP.	50							
TOTAL CLAIMS	55							